Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).).	Complete if Known				
FEE TRANSMITTAL				Appl	ication Number	10/586,088			
For FY 2009				Filin	g Date	7/13/2006			
				First	First Named Inventor Takes		i Nakako		
Applicant claims small entity status. See 37 CFR 1.27					niner Name	Sunil Singh			
TOTAL AMOUNT OF PAYMENT (\$) 490.00					Art Unit 3672 Attorney Docket 2950 - 0		51970		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Small Entity									
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	. <u>Fee (\$)</u>	Fee (\$)	Fees	Paid (\$)	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70		-	
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Sm								Small Entity	
Fee Description Fee (\$)								<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues)								110	
Multiple dependent cla		Futus Cla	i	no (P)	For Doid (C)		390	195 Dependent Claims	
<u>Total Claims - 2</u>	0 or HP	Extra Cla	X X	<u>ee (\$)</u> =	Fee Paid (\$)		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims - 3	or HP	Extra Cla	aims <u>F</u>	<u>'ee (\$)</u>	Fee Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
-100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Two-month Extension								490	
SUBMITTED BY /									
Signature By M					Registration No. (Attorney/Agent) 60,465 Telephone			412-471-8815	
Name (Print/Type)								Date May 19, 2009	